

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)	09/831480		
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	/		
2						52	/		
3						53	/		
4						54	/		
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45		/				95	/		
46		/				96	/		
47		/				97	/		
48		/				98	/		
49		/				99	/		
50		/				100	/		
TAL D.						TOTAL IND.			
TAL P.						TOTAL DEP.			
TAL AIMS						TOTAL CLAIMS			

Best Available Copy